

MILWAUKEE  
MILW CO RFG 5 W-2,GOODWILLEMPLOY SOLUTN  
1812 W OVERTURE AVE  
MILWAUKEE WI 53205

State of Wisconsin

Date: 04/05/2004  
Case Name: JIMMY JOHNSON  
Case Number: 0000516007  
Worker Name: ELIZABETH ROBINSON  
Worker Number: JX2328  
Telephone: (608)283-3030

**Questions:** Ask your worker.

JIMMY JOHNSON  
433 W WASHINGTON AVE  
MADISON WI 53704 2703

<b>IMPORTANT: REQUEST FOR EMPLOYMENT VERIFICATION</b>
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We have received information that JIMMY JOHNSON is working at  
A & B BUILDERS LTD. This job may impact your household's eligibility.

You must provide proof of this job and wages by the dates listed below. Please take the enclosed form to the employer to complete. The employer or a representative of the employer must complete and sign the enclosed form. Once the employer has completed and signed this form, you must return it to: **The State of Wisconsin, P. O. Box 6530, Madison WI, 53716-0530** by the Verification Due Date below.

**Program of Eligibility**

**Verification Due Date**

FOOD STAMPS (FS)	04/09/2004
WISCONSIN WORKS (W-2)	04/09/2004
CHILD CARE- (CC)	04/09/2004
MEDICAL ASSISTANCE (MA)	04/09/2004
CARETAKER SUPPLEMENT (OTS)	04/09/2004

Contact your case worker, whose name and phone number appear above, if you have questions or any problems getting the information from the employer. Even if JIMMY JOHNSON no longer works at this job or you think this information is wrong, you must contact your caseworker by the date listed above.

if you prefer not to mail in the wage form, you may send your caseworker other proof of your wages. Send the other proof by the Verification Due Date to the agency address shown in the upper left-hand corner of this letter.  
The following are examples of items that can be used to verify wages in place of the wage form:

- >, All pay stubs received in the last 30 days.
- >- Employer statement that indicates the start date, number of hours worked per week, and rate of pay or salary.